
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Martinek et al.

Atty. Dkt. No.:

Application No.: 09/520,405

IGT1P369/SH00052-001

Filed: March 8, 2000

Examiner: Leiva, Frank M.

Title: COMPUTERIZED GAMING METHOD
AND APPARATUS

Group: 3714

Confirmation No: 1300

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically
through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria,
VA 22313-1450 on December 22, 2010.

Signed: _____/Emma Durrell/
Emma Durrell

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed August 27, 2010, finally rejecting Claims 58-70, 74-76, 78, 79 and 81-83.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$270.00 (Small Entity) ☒ \$540.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input checked="" type="checkbox"/> one	\$130.00	\$ 65.00
<input type="checkbox"/> two	\$490.00	\$245.00
<input type="checkbox"/> three	\$1,110.00	\$555.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

Notice of Appeal Fee	\$540.00
Extension Fee (if any)	\$130.00
Total Fee Due	\$670.00

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ The Commissioner is authorized to charge the required fees, and/or any additional fees or credit any overpayment to Deposit Account No. 504480, (Order No. IGT1P369/SH00052-001).

Respectfully submitted,

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/John F. Griffith/

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